

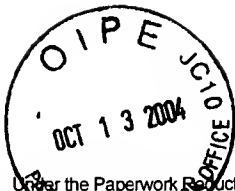
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PTO/SB/21 (04-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/998,248	
	Filing Date	November 30, 2001	
	First Named Inventor	Purushothama RAO	
	Art Unit	1745	
	Examiner Name	R. Alejandro	
Total Number of Pages in This Submission		Attorney Docket Number	337842009610

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	MORRISON & FOERSTER LLP Wayne C. Jaeschke, Jr. - 38,503	
Signature		
Date	October 13, 2004	



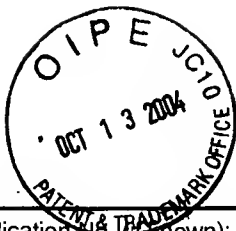
<h1>FEE TRANSMITTAL</h1> <h2>for FY 2005</h2> <p><i>Effective 10/01/2004. Patent fees are subject to annual revision.</i></p>		Complete if Known		
		Application Number	09/998,248	
		Filing Date	November 30, 2001	
		First Named Inventor	Purushothama RAO	
		Examiner Name	R. Alejandro	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1745	
TOTAL AMOUNT OF PAYMENT (\$)		1,320.00	Attorney Docket No.	337842009610

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP					
The Director is authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments					
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	0.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims		-20** =	Extra Claims	Fee from below	Fee Paid
Independent Claims		-3** =			
Multiple Dependent					
Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	0.00
**or number previously paid, if greater; For Reissues, see above					

Other fee (specify)		SubTOTAL (3)	
		(\$) 1,320.00	

SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Wayne C. Jaeschke, Jr.	Registration No. (Attorney/Agent)	38,503
Signature		Telephone	(703) 760-7756
		Date	October 13, 2004



Application No. (known): 09/998,248

Attorney Docket No.: 337842009610

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Note: The following papers are submitted:

Transmittal (1 page)
Fee Transmittal (1 page)
THREE MONTH Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Notice of Appeal (1 page)